Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effective	03/01/2011
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial _		
Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine _		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Line 11 - Med Mal (MD)	23,041,569	-3.8%
Line of Insurance		
Does filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	no
boes ming only apply to certain territory (te	entiones) of certain classes: if so, specify.	
Brief description of filing, (If filing follows	rates of an advisory organization, specify	organization): The filing includes a
revision to the Claim Free Credit rule for th	e Physicians & Surgeons Program, the over	erall rate impact is -3.8%
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level wh	ich will result from application of new rates.	
	The Medical Protective Company	
	N	ame of Company
	Angolo Adomo (Councel & Assistant Secretary
	Angela Adams, C	Counsel & Assistant Secretary Official – Title



DEC 07 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FILING# 10-IL-143